



KENTUCKY TRANSPORTATION CABINET  
Office of Special Programs

TC 20-23E  
Rev. 07/2006  
Page 1 of 2

## INVOICE

**Vendor:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To:**

Kentucky Transportation Cabinet  
Office of Special Programs  
200 Mero Street, Sixth Floor  
Frankfort, KY 40622  
Telephone: (502) 564-2060

**Project Name:** \_\_\_\_\_

**Contract No.:** \_\_\_\_\_

**Vendor's Invoice No.:** \_\_\_\_\_

**Total Federal Funds:** \_\_\_\_\_

Item No.	Description	Contract Amount	Current Invoice	Total Billed to Date	Remaining Balance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Sub Totals (This Page)					

Vendor: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contract No.: \_\_\_\_\_

Vendor's Invoice No.: \_\_\_\_\_

Total Federal Funds: \_\_\_\_\_

Item No.	Description	Contract Amount	Current Invoice	Total Billed to Date	Remaining Balance
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
	Sub Totals (This Page)				
	GRAND TOTALS				

Total Required Match: \_\_\_\_\_

Match for Current Invoice: \_\_\_\_\_

Total Match Provided to Date: \_\_\_\_\_

**VENDOR'S CERTIFICATION**

I hereby certify that the commodities or services specified have been furnished to the Commonwealth of Kentucky; that the quality and the prices conform to the proposal and purchase order or contract; and that payment, in whole or in part, has not been received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date